

Campership Financial Assistance Application

Please complete a separate application for each child or person for whom you are requesting assistance.

Edwards YMCA Camp
N8901 Army Lake Road
East Troy, WI 53120
(262) 642-7466 Fax (262) 642-5108
www.campedwards.org

Head of Household: _____ Home Phone: _____
 Email: _____ Cell Phone: _____
 Address: _____ City, State, Zip _____
 Camper Name: _____ Camper Birthdate: _____

Monthly Income Information

Employment: \$ _____
 Social Security: \$ _____
 Child Support: \$ _____
 Public Aid: \$ _____
 Other: \$ _____

Monthly Expenses

Housing: \$ _____
 Utilities: \$ _____
 Child Care: \$ _____
 Car Payment: \$ _____
 Other: \$ _____

Total Monthly Income: \$ _____

Total Monthly Expenses: \$ _____

Annual Income: \$ _____
(monthly income X 12)

Total Number of People in Household: _____

What portion of the camp fee do you feel you can personally contribute? _____

Please provide names of two references for us to contact (a case worker, a social worker, minister, teacher, principal or employer). Reference verification is required for scholarship consideration.

(Name)	(Relationship)	(Day Phone)	(How Long Known?)
(Name)	(Relationship)	(Day Phone)	(How Long Known?)

Please indicate your 1st and 2nd choices below and we will try to honor your request.

___ Session 1 ___ Session 2 ___ Session 3 ___ Session 4 ___ Session 5 ___ Session 6 ___ Minicamp
(Max 30% Given)

In completing and signing this application, I certify the information is true, accurate, and complete to the best of my knowledge. I understand completion of this form is not a guarantee of financial assistance. I also agree to notify Edwards YMCA Camp of any change in information that could affect eligibility for assistance

 (Signature of Applicant)

 (Date)

Application Deadline: April 15th

Please include a copy of your most recent tax forms and copies of 2 payroll check stubs with your application.